

Interwest Anesthesia Associates, LLC

(435) 753-1600

Billing and Payment Terms:

I understand that anesthesia services are billed separately from the facility and any other providers of service for this procedure.

In consideration of the anesthesia services to be rendered to me or to any person for whom I have guardianship, I understand that if I provide correct and current insurance coverage information my insurance company will be billed as a courtesy to me. I acknowledge that it is my responsibility to follow up with my insurance company to ensure prompt payment. I further understand that any balance my insurance does not cover (including, but not limited to, co-pays, deductibles and denied services) will be my responsibility to pay within 30 days of notice from my insurance. In the event my insurance or contact information changes, I will promptly notify the anesthesia billing office at (435) 753-1600 or (800) 482-4325.

Interwest Anesthesia Associates will assess a finance charge of 18% per year (1.5% per month) on any balance not paid within 60 days. I understand that should I default, I will be responsible for up to an additional 40% in collection fees (in accordance with state laws) and all reasonable attorney's fees, court costs and/or filing fees associated with collection of payment for this service.

Patient Signature

Date

Guardian Signature

Relationship to Patient

Date

Patient Label